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10/684,252	10/09/2003	718	3732	01-102-B
RULE				

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**** CONTINUING DATA *******
 This application is a CON of 09/834,412 04/13/2001 PAT 6,632,089
 which is a CIP of 09/560,640 04/28/2000 ABN
 which is a CIP of 09/451,609 11/30/1999 PAT 6,250,918

**** FOREIGN APPLICATIONS *******

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ****
 01/06/2004

Foreign Priority claimed ☐ Yes ☒ No	☐ Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met ☐ Yes ☒ No	Initials	GERMANY	28	1	1
Verified and Acknowledged	/RALPH A LEWIS/ Examiner's Signature				

ADDRESS

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 UNITED STATES

TITLE

Orthodontic treatment planning with user-specified simulation of tooth movement

**FILING FEE
RECEIVED**
385

FEES: Authority has been given in Paper
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- ☐ All Fees
- ☐ 1.16 Fees (Filing)
- ☐ 1.17 Fees (Processing Ext. of time)
- ☐ 1.18 Fees (Issue)
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